STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	105529	A. Building B. Wing	04/09/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Heritage Park Health Center by Harborview	2302 59th St W Bradenton, FL 34209

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0645 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	PASARR screening for Mental disorders or Intellectual Disabilities **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interview the facility did not ensure Preadmission Screening and Resident Reviews (PASARRs) were completed accurately for five residents (#6, #74 #14, #58, and #66) out of six residents sampled for PASARRs.Findings Included: 1. Record review for Resident #6 revealed the resident was admitted on [DATE] with a primary diagnosis of unspecified dementia, unspecified severity, without behavioral disturbance, psychotic disturbance, mood disturbance, and anxiety. Other diagnoses included mood disorder due to known physiological condition with mixed features, schizoaffective disorder, unspecified, unspecified intellectual disabilities, and depression A review of a level I PASARR for Resident #6 dated 6/12/2025 revealed an incomplete Assessment with only the diagnosis of Schizoaffective disorder checked. The PASARR did not show Resident #6 had a primary diagnosis of Dementia. The review showed a level II PASARR was not submitted for consideration following the qualifying diagnoses. 2. Review of Resident #74's admission record revealed an admission date of 6/16/2020 with diagnoses to include Bipolar disorder, Borderline personality disorder, generalized anxiety disorder, major depressive disorder, anxiety disorder, and primary insomnia. A review of Resident #74's level I PASSAR dated 6/16/2020, revealed there were no diagnoses marked under Section A-Mental Illness (MI) or suspected MI. The review showed the level I PASARR was incomplete, and a level II was not submitted for consideration following qualifying diagnoses. During an interview with the Minimum Data Set (MDS) Coordinator on 4/08/2026 at 2:50 p.m., she stated Resident #74's diagnoses should be on the resident's PASSAR. The MDS coordinator stated Resident #74 would need an updated PASSAR. 3. A review of Resident #14's admission record revealed an admission date of 10/16/2025 with diagnoses to include anxiety disorder, and unspecified and bipolar disorder, unspecified. A review of Resident #14's level I PASSAR screen, dated 10/17/2025, showed anxiety disorder was marked under section A – MI or suspected MI. Further review of section A showed there were no other diagnoses marked. 4. A review of Resident #58's admission record revealed an admission date of 2/3/2026 with diagnoses to include dementia in other diseases classified elsewhere, unspecified severity, with mood disturbance, major depressive disorder, recurrent, unspecified, and unspecified mood [affective] disorder and other symptoms and signs involving cognitive function and (continued on next page)

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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F 0645 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	awareness. A review of Resident #58's level I PASSAR screen, dated 1/21/2026, showed depressive disorder was marked under section A – MI or suspected MI. Further review of section A showed no other diagnoses were marked. A level II PASSAR evaluation and determination was not found in Resident #58's medical record or provided by the facility. The review showed the level I PASARR was incomplete, and a level II was not submitted for consideration following qualifying diagnoses. 5. Review of Resident #66's admission record revealed an original admission date of 10/16/2024 and a readmission of 2/2/2025. Resident #66 was admitted to the facility with diagnoses to include mood disorder due to known physiological condition with mixed features, anxiety disorder, insomnia and depression. Review of Resident #66's level I PASSAR dated 1/27/2025 revealed Section I PASSAR screen decision making, A. MI or suspected MI was blank. During an interview on 4/8/2026 at 2:50 p.m., the MDS Coordinator stated, I review the PASARR for the residents on admission. I confirm the diagnoses to make sure they match and are on the PASSARs. The MDS coordinator stated they determine at that time if the resident required a level II PASSAR. The MDS coordinator stated the majority of people they get have dementia, depression and anxiety. They stated they would look deeper for their history to determine if they need a level II PASSAR. The MDS coordinator said, I have been doing the PASRR for about two years and I have not submitted any PASSARs for a Level II. There are currently no residents hat need a level II PASSAR. The MDS coordinator stated for Resident #66 the PASSAR was blank and the diagnosis should have been added to the PASSAR. Review of the facility policy dated 3/1/2022, titled, Resident Assessment coordination with PASSAR program, revealed, Policy: The facility coordinates assessments with the pre-admission screening and resident review(PASSAR) program under Medicaid to ensure that individuals with a mental disorder, intellectual disability, or a related condition receives care and services in the most integrated setting appropriate to their needs. 1. All applicants to this facility will be screened for serious mental disorders or intellectual disabilities and related conditions in accordance with the state's Medicaid rules for screening. A. PASSAR level I initial prescreening that is completed prior to admission negative lever one screen permits admission to proceed and ends the PASSAR process unless a possible serious mental disorder or intellectual disability arises later. ii. Positive level I screen necessities a PASSAR level II evaluation prior to admission. B. PASSAR level II - comprehensive evaluation by the appropriate state designated authority cannot be completed by the facility that determines whether the individual has MI, MD, ID, or related condition, determines the appropriate setting for the individual, and recommends any specialized services and or rehabilitative services the individual needs.the social services director shall be responsible for keeping track of each resident's PASSAR screening status, and referring to the appropriate authority.

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. Based on observations, interviews, and record review, the facility did not ensure expired medications were discarded in a timely manner and did not ensure proper storage of chemicals and medications in two medications carts (North 100 and North 200) of five carts observed.Findings included: An observation on 4/6/2026 at 2:30 PM of North 100 medication cart revealed a bottle of diphenhydramine with the expiration date worn off. The expiration dates could not be identified. An observation was made of the same cart with an opened vial of insulin that expired on 4/3/2026.An observation on 4/7/2026 at 3:25 PM of the North 200 medication cart revealed a container of bleach wipes stored in the same drawer with oral, topical, and rectal medications. The observation revealed there was no divider/separation in the bottom drawer in which both medications and cleaning chemicals were stored.An interview on 4/7/2026 at 4:45 PM with the Director of Nursing (DON) was conducted. The DON said the expired medications should have been removed from the medication cart. The DON said if the medication expiration date was worn off, the medication should have been discarded. The DON said the bleach wipes should not be stored with the medications.A review of a policy revised on 5/1/2025 titled, Medication Administration revealed the policy explanation and compliance guidelines 13: Identify expiration date. If expired, notify nurse manager. Review of the facility policy titled, Medication Storage, revised 3/1/2025, revealed it is the policy of this facility to ensure all medications housed on our premises will be stored in the pharmacy and/or medications rooms according to the manufacturer's recommendations and sufficient to ensure proper sanitation, temperature, light, ventilation, moisture control, segregation and security.3. External products: Disinfectants and drugs for external use are stored separately from internal and injectable medications.(Photographic Evidence Obtained)